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## Baseline survey: Summary report of district Rawalpindi

Pakistan Initiative for Mothers and Newborns (PAIMAN)

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# Baseline Survey

## Summary Report

District Rawalpindi

## Introduction

This summary report presents some of the key findings of a 2005 baseline household survey in Rawalpindi district, one of the ten districts in Pakistan that are the focus of the PAIMAN project. The Pakistan Initiative for Mothers and Newborns (PAIMAN) is a five-year project funded by the United States Agency for International Development (USAID). PAIMAN is committed to assist the Government of Pakistan in its implementation of the full spectrum of interventions necessary to address maternal and neonatal health (MNH) issues. The PAIMAN district survey results are presented individually; the districts are: Rawalpindi, Jhelum, Khanewal and DG Khan in Punjab; Dadu and Sukkur in Sindh; Jaffarabad and Lasbela in Balochistan; and Upper Dir and Buner in North West Frontier Province.

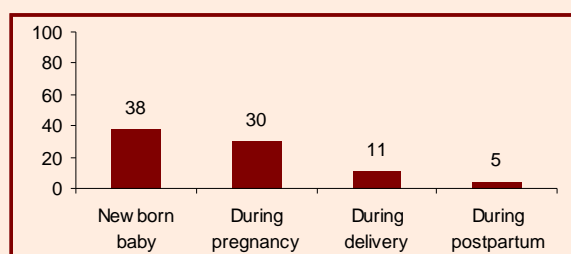
PAIMAN has developed a monitoring and evaluation plan to ensure that the success of the project was properly ascertained, and that the appropriate lessons learned. PAIMAN conducted the baseline household survey in the ten districts in order to understand local MNH perceptions and practices. The study population included all currently married women of reproductive age (15-49 years) living in all urban and rural areas of the district. The sampling design was a stratified, systematic sample of households.

In Rawalpindi, 689 women were interviewed for the study, of whom 348 (50 percent) were rural. Eighty-nine percent of respondents were literate. On average, respondents had borne 3.5 children, of whom 3.2 were still living.

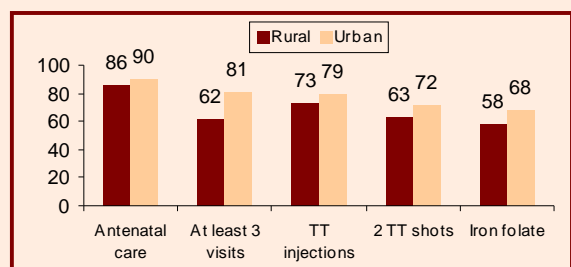


# Knowledge, Attitude and Behavior

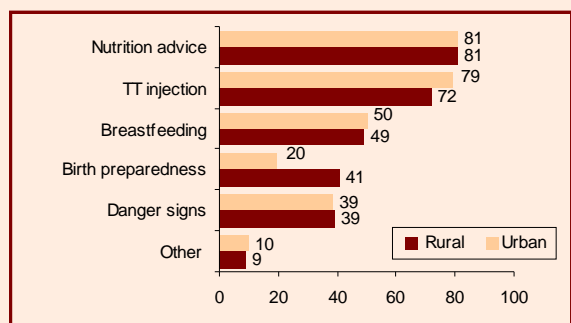
**Figure 1:** Percentage of married women in Rawalpindi who know at least 3 danger signs



**Figure 2:** Percentage of married women in Rawalpindi who received antenatal care, TT injections and iron folate during their last pregnancy



**Figure 3:** Percentage of married women in Rawalpindi who received antenatal services during their antenatal visits, by type of services received



## Few Women Know Danger Signs Well

### Knowledge of danger signs

Only a small proportion of married women recognize three or more danger signs during pregnancy, during delivery, in the postpartum period, and in newborns (figure 1).

### Source of information regarding danger signs

- ❖ Most receive information from their in-laws, family members and friends.
- ❖ About 25 percent indicate that they receive information primarily from television.
- ❖ Only 16 percent in rural areas indicate that Lady Health Workers are their source.
- ❖ District/Tehsil Headquarter Hospitals are also an information source for about a quarter of respondents, both urban and rural.

## Most Women Receive Antenatal Care

- ❖ Over 96 percent consider it necessary for women to receive antenatal check-ups.
- ❖ Most believe that an antenatal check-up should occur in the first three months of pregnancy.
- ❖ For their last pregnancy, 86 percent of rural pregnant women and 90 percent urban had an antenatal check-up; 62 percent rural and 81 percent urban had 3 or more (figure 2).
- ❖ Over 72 percent urban and 63 percent rural had 2 TT injections during their last pregnancy.
- ❖ Over half took iron folate tablets during their last pregnancy.

### Components of antenatal check-up

Figure 3 suggests that most women are given advice on nutrition and tetanus immunization, but are often not advised about preparing for emergencies, especially in urban Rawalpindi.

## Many Women Prepare for Childbirth and Deliver at Facilities

### Preparedness for childbirth

According to figure 4, a large percent of women appear to make a variety of arrangements for the delivery. Although a majority of women do make arrangements for money and transport for emergencies, this still leaves too many women at risk.

### Place of delivery and services

- ❖ More than 90 percent agree that delivery services should be obtained from skilled birth attendants.
- ❖ Data obtained on births that occurred during the last three years show that 41 percent of rural and 29 percent of urban women deliver their babies at home (figure 5).
- ❖ Seventy-one percent of deliveries were conducted by a skilled birth attendant.

### Delivery characteristics

From figure 6, three-fourths of rural and 69 percent of urban women indicate they had a normal vaginal delivery. About 10 percent of births both in rural and urban areas occurred through Cesarean section; this is well within WHO guidelines (5 to 15 percent)

## Complications During Pregnancy and Childbirth are Common

- ❖ Nearly 50 percent of urban and rural pregnant women indicate they experienced a complication during their last pregnancy. Heavy vaginal bleeding, spotting, and severe abdominal pain were the complications most reported.
- ❖ Less than one-third from urban and 43 percent from rural Rawalpindi report experiencing at least one complication during delivery. About 17 percent in rural areas report experiencing excruciatingly abnormal pain during their last pregnancy, whereas only 7 percent in urban areas report the same. Premature rupture of membranes, excessive bleeding and prolonged labor were among other reported complications.
- ❖ For many of these complications, women receive no care or inappropriate care. .

## Postpartum and Newborn Care Need Attention

### Postpartum check-up

- ❖ For those who delivered their last baby at home, almost 94 percent did not receive any postnatal check-ups.
- ❖ Among those who go for postnatal care, two-thirds go within 24 hours after childbirth.

### Immediate care of newborn

- ❖ While more than one-third of the mothers (37 percent) report that their newborns were with them immediately following delivery, some indicate that their newborns are placed on either a piece of cloth (rural: 20 percent) or on a mattress (urban: 26 percent).
- ❖ Almost 6 percent in rural areas indicate that their newborns are placed on the floor immediately after delivery.
- ❖ Almost half of the babies are given a bath within 30 minutes of birth; only 11 percent are bathed after the recommended six hours.

### Colostrum and breastfeeding

Over 90 percent of urban and rural mothers indicate that they did breastfeed their child. In rural areas, three-fourths state that they give colostrum to their babies; 80 percent do so in urban areas. Of those who gave colostrum to their newborns, 24 percent gave it within the first hour after birth.

### Neonatal care

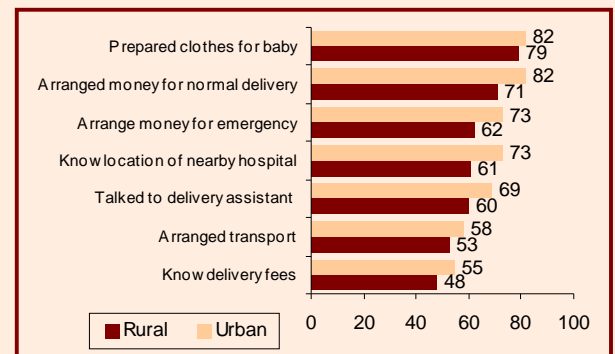
- ❖ In rural Rawalpindi, more than 38 percent feel that postnatal care is not necessary, compared to 45 percent in urban areas. Married women are often not aware of the complications that can arise following birth, and may ignore the symptoms.
- ❖ For the last live child born, 50 percent of newborns were examined by a skilled provider shortly after birth. Jaundice was the most commonly noted complication in newborns, both at birth and within the first seven days after birth.
- ❖ The most common choice for newborns' treatment in rural areas (37 percent) is the DHQ/THQ. In urban areas, private hospitals/clinics are the most popular choices.
- ❖ According to the findings, 17 percent in rural areas 24 percent in urban areas fail to seek treatment when symptoms of a complication are seen in their newborns.

## Clean Delivery Practices

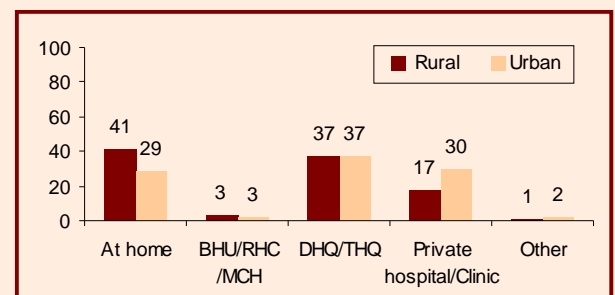
Respondents who delivered their last child at home report the following delivery practices:

- ❖ TBA did not wash her hands with soap for 10 percent of rural and 23 percent of urban deliveries.
- ❖ TBAs did not use a new blade for cutting the cord for at least 50 percent of rural deliveries and more than 70 percent of urban deliveries. Scissors and knives were commonly used by TBAs.
- ❖ A new piece of thread was used for tying the cord for 60 percent of the deliveries.

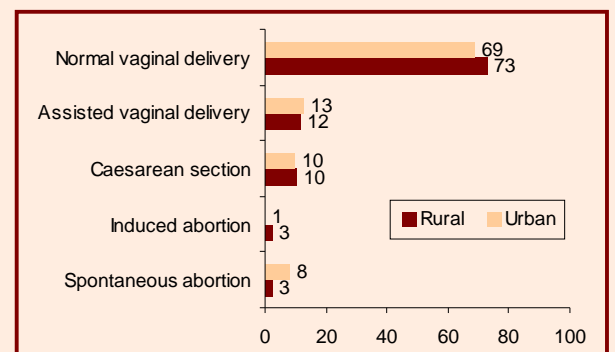
**Figure 4:** Percentage of married women in Rawalpindi who made delivery arrangements by type of arrangement



**Figure 5:** Percentage of married women in Rawalpindi who gave birth in the preceding three years, by place of delivery



**Figure 6:** Percentage of married women in Rawalpindi who gave birth, by the type of last delivery



# Three Delays

Delays in deciding to seek care, in reaching adequate health facilities, and in receiving appropriate care at health facilities lead to most maternal deaths.

## First delay: decisions must be made quickly

- ❖ Women are prepared for delivery (figure 4) but don't know danger signs well (figure 1), so are not well placed to make emergency decisions.
- ❖ Women report themselves (23 percent) or their husbands (24 percent) equally likely to make decisions for emergency delivery.
- ❖ However, the birth attendant is most likely to make the decision directly (44 percent), and probably has influence on family decisions as well. Getting the attendant to make timely referrals is key.

## Second delay: transport must be at hand and available

- ❖ Of those who seek treatment for complications at delivery, 73 percent use their own or private transport to reach the health facility.
- ❖ The average waiting time for transport is 18 minutes.
- ❖ Transport averages 19 minutes to reach the desired facility, but in 18 percent of deliveries, it takes more than one hour.

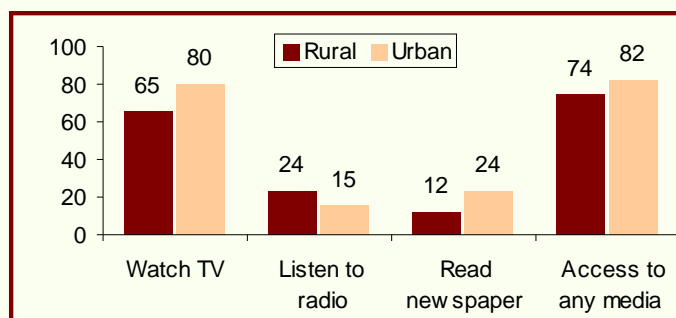
## Third delay: emergency services must be ready

- ❖ After reaching the health facility, almost all the women report receiving services within 30 minutes. The median waiting time is 19 minutes.
- ❖ Appropriateness and quality of those services could not be ascertained.

## Access to media

Almost two-thirds in rural areas watch television, compared to 80 percent in urban areas (figure 7). A majority from both rural and urban Rawalpindi do not listen to the radio. About 78 percent of the population in Rawalpindi has access to some sort of media, whether it is television, radio or newspapers.

**Figure 7:** Percentage of married women in Rawalpindi who have access to mass media, by type of media



## Many pregnancies are unwanted

- ❖ Thirty-seven percent of respondents were using family planning at the time of the study. The most commonly used methods are condom, female sterilization, and withdrawal. Twenty-eight percent of non-users would like to use contraception in the future.
- ❖ Nearly one-third said their last pregnancy was unwanted or mistimed. If unwanted pregnancies could be prevented in the first place, the attendant morbidity and mortality could be avoided.



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